IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/519546 Confirmation No. 2578

 Applicant
 :
 Trevor Ross Suggate

 Filed
 :
 August 23, 2005

 TC/A.U.
 :
 3671

 Examiner
 :
 Gary S. Hartmann

Title : MODULAR PLATFORM, WALKWAY OR RAMP

Docket No. : BEL-19148 Customer No. : 088954

LETTER REFUND REQUEST

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

On July 29, 2009, a Response to Final Office Action was filed in connection with the above-referenced patent application. The Response included one (1) new claim, i.e., claim 30. No other claims were cancelled, amended or added. The Response included an authorization to charge any fees due to Deposit Account No. 18-0160, Order No. BEL-19148.

This deposit account was charged \$104.00 on July 29, 2009. According to the form PTO/SB/06 available in PAIR (copy attached), this charge resulted because there were 29 pending claims and the highest number previously paid for was indicated as 25 (4 extra claims x \$26.00 per extra claim = \$104.00). It is respectfully submitted that this was an error as the highest number of claims previously paid for was 29 in connection with a Supplemental Response to Office Action submitted on January 23, 20009.

Application No.: 10/519546 Request for Refund Dated: October 21, 2009

Accordingly, a refund of \$104.00 is requested and such refund is requested to be credited to our Deposit Account No. 18-0160, Order No. BEL-19148.

Respectfully submitted,

RANKIN, HILL & CLARK LLP

By /Erik J. Overberger/ Erik J. Overberger, Reg. No. 48556

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U.S. Patent and Trademark Office; U.S. DePARTMENT OF COMMERCE

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/519,546			ing Date 23/2005	To be Mailed
	AF	PLICATION	AS FILE		(Column 2)		SMALL	ENTITY 🛛	OR		IER THAN LL ENTITY
_	FOR	N	JMBER FIL	ED N	UMBER EXTRA	Т	RATE (\$)	FEE (\$)	Г	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b), (c)	or (e))	N/A		N/A	1	N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i), o	or (m))	N/A		N/A		N/A]	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A		N/A]	N/A	
	FAL CLAIMS CFR 1.18(i))		minus 20 =		•		x \$ =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =			1	x \$ =		1	x \$ =	
If the specification and drawings exceed 100 per place of the specification and drawings exceed 100 per place of the size fee due is \$250 (\$125 for small entity) for each specification all 05 sheets or fraction thereof. See 35 U.S.C. 41(0)(1)(0) and 37 CFR 1.16(a). MULTIPLE DEPENDENT CLAMPRESENT (27 CFR 1.16(b).											
* 16 4	the difference in colu						TOTAL		1	TOTAL	
_	07/29/2009	(Column 1) CLAIMS REMAINING AFTER		(Column 2) HIGHEST NUMBER PREVIOUSLY	(Column 3) PRESENT EXTRA	1	SMAL RATE (\$)	ADDITIONAL FEE (5)	OR		R THAN LL ENTITY ADDITIONAL FEE (\$)
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	Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(b))								OR		
							TOTAL ADD'L FEE	104	OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)						
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
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Ē	Application Size Fee (37 CFR 1.16(s))					1			1		
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	ADD'L FEE	
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is required by \$7.0FR 1.16. This information is required to obtain or retains a benefit by the public which is to file gain dby the USFTO to crosses) an ingloadine Confederable's the powered by \$8.0EX, 220 and 37.0FR 1.4 this cofection is estimated to late 10° timelets to complete depolarity in preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the time and ori suggestions for reducing bis burden, should be seen to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. 16xx 1450, Alexandriu's, VA 22313-1450, DN NOT SEND FEES OR COMPLIFIED FORMS TO THIS AUDIESS. SEND TO: Commissionor for Patients, P.O. 50xx 1450, Alexandriu's, VA 22313-1450.

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